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3 July 1985

Worldwide Report

## EPIDEMIOLOGY

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3 July 1985

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BANGLADESH

PRESS NOTE ISSUED ON STEPS TO CONTROL DIARRHEAL DISEASES

Dhaka THE NATION in English 10 May 85 pp 1, 8

[Text]

The Government has taken necessary and appropriate measures to control diarrhoeal diseases epidemic in some places of northern districts, a Health Ministry Press Note said in Dhaka yesterday, reports BSS.

In the beginning of the year the concerned directorate cautioned all relevant officials in upazilas, districts, divisions and medical college hospitals about diarrhoeal disease epidemic and diarrhoeal disease control operation, the press note said.

It said, the following measures have been taken to prevent diarrhoeal diseases and blood dysentery:

Directives have been issued to form at least five medical teams in each upazila, three medical teams in the districts, eight medical teams in each medical college hospital. These teams have already been formed in all tiers. In the national level at Dhaka 13 specialised medical teams (trained in diarrhoeal disease) are formed and kept in readiness for any emergency. The medical teams are taking measures for prevention, health, education, treatment and case management of diarrhoeal disease in the affected areas. They are working from dawn to dusk, moving from house to house, gathering information concerning diarrhoea and taking appropriate measures.

Wherever necessary they are opening temporary treatment centre to facilitate treatment facilities in the locality.

The ICDDR sent specialised medical team to Kushtia, Nilphamari, Rangpur, Lalmonirhat and Dinajpur to find out the cause, pattern of the bacteria responsible for diarrhoea and their sensitivities to different antibiotics (specially blood dysentery).

The Director General of Health Services also sends officials from the directorate to visit the affected areas for supervision and to gear up the anti-epidemic activities there. A team from Health Education Bureau has already been sent in the affected districts who are providing necessary health education to the public.

Sufficient amount of water purifying tablets, bleaching powder and potassium permanganate were supplied in the affected districts for disinfection of water. Other drugs necessary for the treatment of diarrhoeal diseases have already been sent in sufficient quantities. Necessary medicines have been procured locally and sent to the affected districts. The Central Medical Store, Tejgaon, Dhaka, has sufficient quantity of medicines necessary for diarrhoeal diseases.

After taking proper measures in all the districts the situation is now under control. Latest reports from Meherpur, Rangpur, Kushtia, Lalmonirhat and Nilphamari show remarkable success in the control of the disease.

The Government is very much aware about the situation which is now fully under control. A central control room is working 24 hours to collect information and take proper action in this regard.

Members of the public are requested to contact relevant persons working in the field immediately to facilitate their services.

BANGLADESH

MOSQUITO CONTROL FAILURE BRINGS RETURN OF MALARIA

Dhaka THE NEW NATION in English 11 May 85 p 5

[Editorial: "Mosquito and Malaria"]

[Text]

Mosquito menace has again assumed an alarming proportion. Effective means to win over the tiny invaders seems to have been non-existent for quite a long time. It doesn't make a surprising report that at present mosquitoes have congenial breeding grounds in about 2700 acres of land spread over the metropolitan (or mosquitopolitan ?) city and that water hyacinth abounds in around 2500 acres where they multiply merrily. Mosquitoes are reinforcing in other fronts too including the interiors, and malaria which we so long believed to have eradicated from the country is reportedly staging a come-back. The disease first returned to India, we hear, after a long departure and then it started proceeding towards this part of the sub-continent. But that is not the point here. The matter of concern is that Malaria once much dreaded as a decimating malady is visiting again to further imperil the public health situation.

When the responsibility of mosquito control was transferred from the Health Department to the municipalities some three years ago, it was expected that the change would be meaningful. But unfortunately the change does not seem to have been for the better, if

not for worse. No doubt the performance of health was much poorer than that of its predecessor, the Malaria Eradication Department, which at least did not allow the problem to become unmanageable.

Shortage of funds, manpower and mosquito oil and other limitations are of course there. And without resource generation total success could not be expected. But this cannot in any way be an excuse for failing to do what can be done even with the available resources. Allegations of malpractice and maladministration levelled against some of the city fathers (recently a city father has been removed on charges of mal-practice and corruption) and the charges of mosquito oil being sold in black market and harassment of some employees over regularisation of their service, are indicative that there are more hindrances than the genuine problems.

Considering that it was too tough with the available resources to destroy mosquitoes by ordinary spraying or by strafing from air, some time in mid-1983, an elaborate programme was taken up for destroying the breeding grounds instead. Accordingly, it also decided to penalise those who would fail to clean their places specially ditches filled with water hyacinth. But what happened later on is not known. No follow-up was heard. Rather, the old practice of the municipalities themselves, WASA and the Roads and Highways Department to make ditches during their course of activities and blissfully forget to fill them up continued.

In February, this year, we heard of DMC's adopting a three-week long crash programme for eradicating mosquitoes. We don't know if the other municipalities of the country had the similar programmes. But no visible change is there.

All mosquitoes don't spread malaria—only a species or sub-species of anopheles do. But when selective killing is not possible, the whole troop has to be destroyed. The process may be slow, but must be steady. The tiny invaders may not be invincible, but they have proved their strength. While striking them it is wise to remember that, if we mean business.

BRAZIL

LEISHMANIASIS, MALARIA CASES REPORTED IN SAO PAULO

Sao Paulo FOLHA DE SAO PAULO in Portuguese 6 May 85 p 12

[Text] The discovery of two carriers of leishmaniasis in the Santo Amaro region, the reporting of eight indigenous cases of malaria (contracted in Greater Sao Paulo, where the patients live) and the capture of the mosquito which transmits yellow fever (although not contaminated) are indications that these three endemic diseases typical of underdeveloped areas such as the Amazon region are returning to Sao Paulo, most intensively in the southern part of the metropolitan region, an area in which approximately 3 million people live.

This situation was the reason for the initiation of a special investigation coordinated by the Superintendency for Control of Endemic Diseases (SUCEN), a body affiliated with the State Health Secretariat, to study a possible change in the habits of the vectors of the diseases.

The two cases of leishmaniasis, which were discovered in Parque Primavera and Jardim Mirna, in the environs of Santo Amaro, are suspected of having been contracted in the region, because both of the patients come from Sao Paulo and had not traveled prior to contracting the disease. "The investigation by the health district responsible for the southern region, in collaboration with the SUCEN, will determine whether the cases are indigenous, and thus whether the mosquito migrated there," the director of the Santo Amaro Health Center, which is currently a part of the health district in that same locality, Vera Maria Neder Galesi, 36, said. She explained that clinical examinations of family members in direct contact with the patients have already been completed, and beginning this week, the investigation will extend to neighbors, "the only way of establishing the history of the cases and avoiding their spread."

Insect Bites

Leishmaniasis, or tropical ulcers, is a disease transmitted by the bite of the Phlebotomus, or sandfly, which prefers dense jungle where the heat and humidity favor its development. Characterized by skin lesions, the disease is evidenced by itching during the first 40 days, after which boils develop on the body.

The secretary for hygiene and health for the prefecture, Jose da Silva Guedes, 49, believes that the occurrence of two cases of leishmaniasis in the southern zone, of which he himself was unaware, does not threaten an epidemic. He explained that the ecological conditions which favor the development of the sandfly do not exist in Sao Paulo, since there are few jungle areas. "It may happen that animals from other states, such as dogs and rodents, enter the city carrying leishmaniasis, and when they are bitten by the insect, the disease cycle is launched," Secretary Guedes argues.

The results of the investigation undertaken in the southern zone should be available in 3 months, Vera Galesi says, "since the situation does not demand very urgent measures, but rather a detailed study in order to avoid future problems." According to the superintendent of the SUCEN, Antonio Guilherme de Souza, 34, what concerns that body at this time are the malaria cases, "which have been occurring here and there in the metropolitan region since December."

#### Malaria

From January to April of this year, eight indigenous cases of malaria have already been reported in the municipalities of Embu-Guacu, Juquitiba and Salesopolis, which are 48, 74 and 98 kilometers to the south of the capital, respectively. Throughout last year, the SUCEN recorded only six indigenous cases in that same region. In this same 4-month period, 22 carriers of indigenous malaria have been identified throughout the state of Sao Paulo, as compared to 66 last year.

"The number of malaria cases is increasing because of the migration between Sao Paulo and the Amazon region," the superintendent of the SUCEN, Guilherme de Souza, said. He ventured the view that the cases in the municipalities of Embu-Guacu (four) and Juquitiba (three) have to do with the unfavorable conditions under which the workers on the electrical energy line extension projects, who are equipped for cutting through the jungle in Parelheiros and Itapecerica da Serra, must function.

"Malaria has the highest priority and is a concern demanding immediate steps to establish control," Souza explained. He gave assurance that SUCEN technical teams are working in various localities in the metropolitan region collecting blood samples and using insecticides to combat the anopheles mosquito, the sole transmitter of malaria, also known as paludism, intermittent fever, chills and fever, tertian fever and [caladinha].

#### Yellow Fever

Apart from the Anopheles genus of mosquito which transmits malaria, the SUCEN is combatting Aedes aegypti, which transmits yellow fever and is now found in Sao Paulo. That body "declared war" on the Aedes aegypti at the request of the Superintendency for Public Health Campaigns (SUCAM), which is affiliated with the Ministry of Health but lacks the conditions necessary to carry out a



detailed survey in Sao Paulo. In the first efforts, this mosquito was discovered in the interior cities of Aracatuba, Sao Jose do Rio Preto and Lorena. Apart from the areas in the southern zone of the capital, the mosquito was detected in the neighborhoods of Penha and Vila Guilherme, in the eastern zone.

"The capture of this mosquito does not mean that there is yellow fever in Sao Paulo," Guilherme de Souza explained. "This is because the mosquitos were not contaminated. But if a person with the disease were to arrive from the Amazon region and were bitten, the mosquito could transmit the disease to the residents it bit subsequently."

Urban yellow fever is the most threatening form of the disease, unlike the so-called sylvan yellow fever which, although found in the Amazon region as well as other areas of the country, is limited to its own environment. The urban variety, as the name indicates, has a great likelihood of spreading in the cities. In the view of Secretary for Health and Hygiene Jose da Silva Guedes, the possibility that the *Aedes aegypti* is migrating to Sao Paulo is a worry, since the mosquito multiplies rapidly.

"The yellow fever vector develops more readily than that for leishmaniasis," the secretary explained. "This is the reason for constant vigilance with a view to capturing it in various localities and classifying those infected." The mosquito develops and reproduces in flowerpots, gutters or tin cans, wherever there is standing water, and can kill the patient in a matter of days.

5157

CSO: 5400/2058

BRAZIL

BRIEFS

FUNDING FOR INFANT MORTALITY--Brasilia--The 1.2 trillion cruzeiros within the Social Priorities Program which will be allocated to the Ministry of Health will be used for food supplements for 11.6 million pregnant and nursing women and infants up to 2 years of age. The government hopes thereby to achieve a 40 percent reduction in the infant mortality rate in 4 years. These funds, which will be added to the 352.5 billion cruzeiros already budgeted, will yield a total of 1.5 trillion cruzeiros, which will allow coverage of 70 percent of the low-income target population the country. The National Food and Nutrition Institute (INAN), under the jurisdiction of the Ministry of Health, is to distribute quotas of powdered milk and sugar to children, and rice, beans, flour and sugar to pregnant and nursing women on a monthly basis. The health budget already includes 545.3 billion, which with the 198 billion from the Emergency Program added will come to 743.3 billion for the development of activities designed to make health services universal, to strengthen basic sanitation programs and to improve housing in areas where there is a high incidence of schistosomiasis and Chagas' disease. In addition to this, working with the COBAL [Brazilian Foods Company] and the health secretariats, the INAN plans to dynamize the program for subsidizing prices on basic foodstuffs for the people living in urban peripheries, particularly in the Northeast. A total of 87.7 billion cruzeiros, which will go to serve about 2 million persons, has already been budgeted for the purpose. [Text] [Rio de Janeiro O GLOBO in Portuguese 8 May 85 p 8] 5157

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CHILE

#### BRIEFS

AIDS CASE REPORTED--The Venereal Disease Department of the Health Ministry has reported another case of AIDS in Santiago. The announcement said that there are only two AIDS victims in Chile, one in Santiago, and another in Concepcion. The other three victims have already died. [Summary] [Santiago LA TERCERA DE LA HORA in Spanish 8 May 85]

CSO: 5400/2061



COLOMBIA

BRIEFS

12 DIE OF MALARIA--Pasto, 1 Jun--Bolivar Riascos, director of the San Francisco de Assis Hospital in Guapi, reported today that at least 12 children have died in a cerebral malaria epidemic recently detected in the northern coastal section of Narino and part of the Cauca. The physician stated that since the beginning of last March there has been a high incidence of this disease in places such as Bajo Satinga, El Charco, Iscuande, Guapi, El Cuerval, Bajo Micay, and Bajo Naya, all located in the coastal area between Narino and Cauca. The director of the Guapi hospital said that the treatment center lacks the medicines and personnel that this emergency calls for. [Excerpt] [Bogota EL TIEMPO in Spanish 2 Jun 85 p 7-A]

CSO: 5400/2064

CZECHOSLOVAKIA

NEW EFFORT TO CONTROL DIABETES

Prague RUDE PRAVO in Czech 25 Apr 85 p 5

[Article by Zdena Stepankova: "Preparing a Diabetological Program"]

[Text]/In the Czech Socialist Republic there are 400,000 registered diabetics. But the actual number may in fact be 3 to 4 times higher./ [in bold face]

Diabetes Mellitus is a serious illness. It is often hardly realized, because diabetics are attending work regularly and usually do not mention the difficulties they have to overcome. The most serious problem are secondary complications, be they of nervous, vascular or kidney character. According to statistics, diabetics occupy 20 to 30 percent of hospital beds' capacity due exactly to these complications. Diabetes is first among the causes of acquired blindness in the Czechoslovakian Socialist Republic. Diabetic patients suffer 17 times more often of kidney failures than healthy people, so that in some countries up to one-third of patients on artificial kidneys are diabetics. Ischemic heart disease, infarctus of the myocardium and vascular diseases of the brain also occur two to three times more often among diabetics than others. Another serious complication are vascular diseases of lower extremities leading even to amputations.

For all these reasons, a so-called diabetological program was initiated in the CSR. It will be coordinated by the Internal Medicine Clinic of the Institute of Continuing Education of Physicians and Pharmacists in Gottwaldov, presided by the chief diabetologist of the CSR Dr. Jaroslav Rybka, CSc. The entire project will become part of the nationwide program on cardio-vascular diseases, directed by the Institute of Clinical and Experimental Medicine in Prague.

What is expected of the program?

Diabetes is a disease of the metabolism characterized by insulin insufficiency in the tissues. Basically, there are two kinds of diabetes. The first occurs already in childhood or early youth, it appears suddenly and the patients suffer of a total insulin insufficiency; they have to be treated by insulin only.

The second type afflicts grown-ups; as a treatment, sometimes only appropriate diet is sufficient, in other cases antidiabetica are prescribed and sometimes insulin injections are required. Very frequently diabetes is associated with

overweight. For this illness it also applies that the sooner it is detected, the better are the chances for a successful treatment, although a complete recovery is never possible. The presently available treatments enable however to prevent possible serious complications.

The patients registered at diabetic ambulatory clinics are required to present themselves for regular check-ups and necessary medicaments are prescribed to them. Each diabetic has his own "card" at his district or factory physician's office, because diabetes is an aggravating factor in many other illnesses.

The Gottwaldov area was chosen as a model region where modern diagnostic and treatment methods will be tested and the thus acquired findings will be then transmitted to other parts of the country. In the second stage, i.e. during the next Five-Year-Plan, it is envisaged to reorganize the care of diabetics, to improve the diagnostic and treatment possibilities, including spa treatments.

Also related to it are diagnosis and treatment of diabetic complications, relevant particularly to eye, kidney and vascular diseases as well as to surgery. The spas will be required, among other things, to educate the diabetics. Experience shows that this should be recalled continuously and given priority attention.

To treat diabetes, it is essential to follow a special diet, to get enough exercise and to take the required medicine. The doctor prescribes the medicine and decides on a proper diet, but it is always up to the patient to abide by it. Some people, in the effort to obtain "good results" at the control visit in diabetic ambulatory clinics, keep a strict diet for only a few days before the visit, which results in mutual satisfaction of both the doctor and the patient. It is, however, obligatory to observe the diet permanently, regardless of the time of control visits. Lack of exercise is harmful for the patient as well; but quite often the diabetic is obese and therefore less active and to take care of his health he only takes the medicaments.

The diabetological program intends to devote more time to the patient, to inform him about the complications he might have to grapple with in the future and to explain what is possible and necessary for him to do for his health.

On the other hand, it should be the obligation of the medical personnel to assure a better control of the patients, to take advantage of the achievements in diagnostics or treatments made elsewhere and to pay more attention to the family members and especially children of the diabetics.

Diabetes is considered as one of the civilization diseases, affecting prevalently people in developed countries. It is progressing also in our country and without more radical solutions the number of diabetic patients could multiply considerably.

However, a nationwide program is only one side of the problem, the other being the regular care at the doctor's offices. Unfortunately, diabetes is becoming a rather frequent illness, particularly with grown-ups, i.e. the middle and older generation. This should be seriously taken into consideration, especially when it is well known that by the early and appropriate treatment, serious complications can be avoided.

12707

CSO: 5400/3007

DJIBOUTI

BRIEFS

**CHOLERA HITS REFUGEES--**Djibouti has become the second Horn of Africa country after Somalia to admit that it is facing an epidemic of cholera. The Ethiopian authorities are still reluctant to acknowledge it, in spite of the appeal for aid issued by the Medecins sans Frontieres organisation to fight a serious outbreak in the Korem relief camp. Cases of cholera were recorded in Djibouti as early as last January, but the government remained silent (see I.O.N. No. 176). In the refugee camp of As-Eyla, which has a population of 20,000, around 100 people have already died. Cases were also reported at Dammerjog and in the capital, and between March 20 and 30 more than a score of people caught the disease. The result was panic among the inhabitants, who took vaccination centres by storm and forced the government to make a public announcement. A dozen more vaccination centres were swiftly opened in the capital, but on several occasions police had to intervene to "keep order" in the queues. In Ethiopia, cholera is killing 50 people a day in the Korem camp. In an interview with THE WASHINGTON POST this week, a member of Medecins sans Frontieres accused the Ethiopian authorities of refusing to admit the existence of the epidemic so as not to worry purchasers of Ethiopian coffee. [Text] [Paris THE INDIAN OCEAN NEWSLETTER in English 27 Apr 85 p 4]

CSO: 3400/142

GUINEA

BRIEFS

FRENCH TEAM TO FIGHT CSM--FRENCH military medical teams flew to Northern Guinea last week to help fight a severe outbreak of Cerebro Spinal Meningitis, officials said. About 150,000 children will be vaccinated in a three million-francs (about N250,000) mercy mission funded by the French Defence and Co-operation ministries. The emergency medical group, created in 1983, recently completed a three-week mission in Mali where it ended a cholera epidemic. The group is expected later this month to vaccinate 10,000 in Madagascar against a variety of diseases including polio, tetanus and diphtheria. [Text] [Kaduna SUNDAY NEW NIGERIAN in English 14 Apr 85 p 4]

CSO: 5400/145

3 July 1985

HONG KONG

## REPORT ON NEW AIDS CASE IN HONG KONG DENIED

Hong Kong SOUTH CHINA MORNING POST in English 10 May 85 p 19

[Text]

A merchant who was suspected of being the third AIDS victim in Hongkong was discharged recently after being treated in a Government hospital, it was reported yesterday.

But the Medical and Health Department denied there was a third Acquired Immune Deficiency Syndrome case in the territory.

The department made a similar denial when reports in the Chinese press last month said the 46-year-old American was admitted to a Government hospital to be treated for AIDS.

A Chinese-language newspaper reported yesterday that the American was discharged recently and had returned to his homeland.

The report said the American, a manager in a commercial firm, had been living in Hongkong for many years.

It also said he sought treatment from a private doctor last month. And as his symptoms were considered similar to those of an AIDS victim, he was transferred to Queen Mary Hospital.

Meanwhile, a spokesman for the department said yesterday the second suspected AIDS patient in Hongkong — the only known living AIDS victim here — was still in satisfactory condition.

The 33-year-old man, reported to be a Chinese sailor, was re-admitted to Princess Margaret Hospital last month after being discharged the previous month.

HONG KONG

## PROGRESS, PROBLEMS IN FIGHT AGAINST TUBERCULOSIS

Hong Kong SOUTH CHINA MORNING POST in English 13 May 85 p 4

[Text]

MEDICAL science has chalked up another considerable victory in the fight against disease — this time over tuberculosis of the bones and spine in Hongkong.

Once this painful illness took a regular toll of patients. From 1957 to 1959 there were 2,000 cases, with major spinal operations needed twice or three times a week.

But now the operation count is down to around once every other week and in the last four years the total amount of cases has shrunk to a mere 80 — even though the illness will never entirely be eradicated.

Yet as with so many features of health, as one complaint is brought under control another rises in prominence.

Professor John Leung, the Dean of the Medical Faculty and Professor of Orthopaedic Surgery at the University of Hongkong, said two other types of bone and spine tuberculosis are beginning to appear.

One is caused by the dirty needles of unlicensed doctors injecting pain killing steroids and the other occurs in fishermen who catch the infection in the seas off Hongkong when they suffer a small wound such as a cut.

But both new types of TB are medical rarities with only around 45 cases a year and are not as prevalent as earlier forms of bone and spine TB.

Infections brought about by that particular medical condition have largely been controlled by better public health, diet and particularly the BCS vaccine given to children at birth and if necessary a few years later at school as a booster — and which gives 70 to 80 per cent immunity.

Bone and spine TB are caused by essentially the same organism as lung TB — which outnumbers it by 10 cases to one.

The organism can erode and eventually destroy bone causing deformity and joints are also in danger of being damaged. The condition is rarely fatal but causes considerable pain.

Ironically it is not now children who are most in danger but old people in whom the condition could have been latent.

Hongkong is in the forefront of world treatment for spinal tuberculosis and the operating techniques perfected by Hongkong University have become known in international circles as the "Hongkong operation."

The rarer kinds of bone and spinal TB which are beginning to crop up are called atypical.

Dr Y.K. Lee, of the Department of Orthopaedics at Hongkong University, said they had been occurring over the last four to five years and that the medical profession had already expressed concern over the spread of microbacterium chelonae, which is caused through often unlicensed doctors using unclean needles for painkilling steroid injections.

Of 14 recent cases, 11 have been due such unhygienic medical conditions.

The other recent newcomer to the TB scene has been ushered in by microbacterium marinum, and occurs among fishermen.

It is caused by an organism which is abundant in the sea, and in sea creatures and which survives at a lower temperature than body temperature, which explains its connection with cold water.

It gains access to a victim via a cut hand or other small wound caused usually to a body extremity which is at a lower temperature — as in the case of fishermen's hands grasping wet fishing nets.

Cases of lung tuberculosis have also been decreasing steadily in Hongkong over the recent years — but started to increase again last year because TB was brought into the territory by migrants from Southeast Asia and China.

CSO: 5450/177



HONG KONG

## LEGIONNAIRES' DIAGNOSIS METHOD UNDER DEVELOPMENT

Hong Kong SOUTH CHINA MORNING POST in English 9 May 85 p 10

[Article by Agnes Chen]

[Text]

The University of Hongkong is developing a new method to diagnose Legionnaires' disease, which has recently killed 30 people in an outbreak in Britain.

The Microbiology Department has been conducting preliminary studies on the disease for two years but has so far not confirmed any suspected cases.

A reader in microbiology, Dr P.Y. Chau, said that three methods were used to diagnose the disease. Two methods had been adopted by the department in a study which examined about 20 suspected cases.

A third method, which is new in Hongkong, is being developed by the department which hopes to complete within three months.

Dr Chau said there had been no outbreak of Legionnaires' disease in tropical places like Singapore, Taiwan, Thailand and Hongkong — where facilities for detecting the organism are as good as those in Britain.

Dr Chau believes that climate is one of the main factors contributing to the contraction of the disease.

The death toll from a recent outbreak of Legionnaires' disease in central England rose to 30 on Tuesday.

And Dr Chau said that the disease could have been contracted when bacteria, known as "Legionella pneumophila," was inhaled from the water-cooled central air-conditioning system.

The disease, he said, is more common in older male people, heavy smokers and drinkers.

Symptoms include fever, headache, muscle pain, dry cough and pneumonia.

But Dr Chau said he did not think there would be an outbreak of the disease in Hongkong as it was not contagious.

The head of the department, Professor M.H. Ng, also said he saw no reason for any kind of public concern over Legionnaires' disease.

He said Hongkong had doctors who were aware of this disease and there were facilities here to confirm any suspected cases.

The disease was first identified at an American Legion convention in Philadelphia in 1976 when 29 people died.

"This outbreak occurred among a group of

elderly war veterans attending a meeting in a hotel and they were shut in together and their resistance to infection was not very high, Prof Ng said.

"That was the first time Legionella was found and at that time no one knew what treatment to give and the treatment might have been somewhat delayed, contributing to the deaths," he said.

But if one looked at the whole population rather than selecting a risk group, Legionnaires' disease is one which can be treated quite easily, Prof Ng said.

He said that now doctors were aware of it and prepared for it, the disease was not a killer.

Prof Ng also said that climate was one of the major differences between Hongkong and Philadelphia and other countries where the disease was found.

"We are talking about tropical and subtropical climate whereas places where the disease has been found are in the temperate zone and are colder," he said.

He said Hongkong's environment was not a suitable one for the organism to strike.

ICELAND

FIVE DEATHS REPORTED FROM LEGIONNAIRE'S DISEASE

Reykjavik MORGUNBLADID in Icelandic 11 May 85 p 64

[Article: "Thirty Cases of Legionnaire's Disease Reported in Iceland--Five Deaths"]

[Text] Almost 30 cases of legionnaire's disease were reported by the City Hospital and the National Hospital during the period October 1983 to October 1984. It is calculated that five persons died from the disease during the same period. The cases of legionnaire's disease were found in a special survey of respiratory disease; legionnaire's disease is a kind of pneumonia. Examples of contagion within the National Hospital emerged from the investigation. The disease-causing bacteria are found primarily in heated water and it is thought the bacteria could thrive in heating plant water of the type used in Iceland better than elsewhere.

Sigurdur B. Thorsteinsson, doctor at the National Hospital, said in a MORGUNBLADID interview that these cases of legionnaire's disease had been discovered as the consequence of research on the causes of respiratory ailments in the national hospital over a year's time. All entering the hospital with pneumonia or those who caught the disease while in the hospital were carefully investigated. A similar investigation for a similar time span was also carried out at the City Hospital. Some 18 cases of legionnaire's disease were discovered at the National Hospital among 100 patients and 9 cases were discovered at the City Hospital among a similar number of patients. A serum sample was taken from these patients and then sent to Denmark. Tests were carried out there to discover the presence in the serum of the antibodies against the bacteria causing legionnaire's disease, results being produced the same day. Physicians were very surprised to find out that legionnaire's disease was the second or third cause of pneumonia in Iceland and it became clear that patients from the group with the illness had died. Likewise, it turned out that some had introduced the disease into the National Hospital, a matter of great concern.

Thorsteinsson said that only antibody tests are under discussion here and that such tests are not a certain method for determining the presence of a disease or bacterial infection.

The actual presence of the disease has only been proven in one case in Iceland. In question was a patient who caught the disease abroad. The disease-causing bacteria have never been grown from Icelandic patients. This summer there will be a large-scale search for the bacteria in the environment and this investigation may show that the bacteria lives first and foremost in water and perhaps in heated water in particular. It could be that there are more of such bacteria in countries such as Iceland heating with hot water than would be normal in other countries.

The legionnaire's disease bacteria could be relatively widespread in the environment and those who are most likely to contract legionnaire's diseases are those weakened from some disease, for example, those with chronic respiratory illnesses, heavy smokers and persons lying in a hospital with reduced powers of resistance due to illness. In most instances, however, only isolated cases of disease are involved and there is no reason to speak of an epidemic in Iceland and thus there is no cause for alarm. However there have been epidemics of a completely different character abroad in which others than those weakened have become infected with the disease. Such epidemics have been caused by extraordinary conditions in each case, whether it was in the hotel in Philadelphia or the hospital in England. The danger of infection with the disease is rather slight for the healthy.

Legionnaire's disease occurred first in Philadelphia a few years ago during a meeting of retired veterans at a hotel and quite a number died from the disease. The bacteria was considered to have been in the air conditioning system and the disease has since been called legionnaire's disease. Recently there was an epidemic in a hospital in England.

9857

CSO: 5400/2537

INDIA

BRIEFS

**DYSENTERY IN ORISSA**--Bhubaneswar, April 26 (UNI): In all 40 children below six died of dysentery and other digestive ailments caused by acute drinking water scarcity in four districts of Orissa during the past fortnight, according to the state public health joint director, Dr P. K. Mukherjee. Dr Mukherjee said the four districts were Cuttack, Ganjam, Sambalpur and Dhenkanal. The worst-affected was Rajnagar block of Cuttack district where 28 children from among a 100 affected died. In suruda block of Ganjam district 52 children were affected and five died. In Sambalpur, three of 58 afflicted children died in Barkote block. In Pailalhara block of Dhenkanal four children died. Dr Mukherjee said about 2,000 people were inoculated in nine affected villages in the Rajnagar area. [Text] [Calcutta THE TELEGRAPH in English 27 Apr 85 p 6]

**MENINGITIS DEATHS**--A total of 790 persons have died of encephalitis and meningitis in different parts of the country. The number of deaths due to meningitis was 758, the highest of 396 being reported from Delhi, followed by West Bengal (109), Madhya Pradesh (8), Uttar Pradesh (74) and Rajasthan (46), according to Mr. Yogendra Makwana. [Text] [Bombay THE TIMES OF INDIA in English 10 May 85 p 17]

**MEASLES DEATHS REPORTED**--(UNI from Simla); Eleven children died of post-measles complications in three villages near Karsog in Mandi district last week, according to a delayed report received here on Saturday. The report said in all, 410 cases were reported and a medical team rushed to the spot. While half of those cases had been treated, the remaining were still suffering from acute dysentery. Experts were also trying to ascertain the complications leading to the deaths. [Text] [Bombay THE TIMES OF INDIA in English 13 May 85 p 17]

**CHOLERA OUTBREAK REPORTED**--Cholera Cases (TOINS from Shrirampur): Cholera, gastroenteritis, and jaundice have broken out in several villages of Parner and Shrigonda talukas of Ahmednagar district following acute shortage of water and villagers drinking polluted water. At least 100,000 people in the district are reported to have been affected by the scarcity. A large number of people are said to have fled from their villages fearing an outbreak of diseases in an epidemic form. [Text] [Bombay THE TIMES OF INDIA in English 12 May 85 p 7]

**WORKERS BRING MALARIA**--One reason why malaria has been persisting in the city is that the labourers engaged in Metro Railway construction work brought over the germs from the malaria-prone areas of the country like Singhbhum, Santhal Parganas, Midnapore and some other districts of Bihar, according to a recent study made by the civic body's health department. Sources said in Calcutta on Wednesday that the anopheles mosquito bred in the subsoil water dug up by the Metro Railway. They received the germs from a section of the labour force affected by malaria and transmitted them to health persons. Following the study, the sources added, the Metro Railway authorities were advised not to allow the labourers to make their homes in temporary shanties in the heart of the city even after their work was over. To combat malaria in the city, the sources said, a large quantity of organo-phosphorous chemicals had been brought over under the National Malaria Eradication Programme. Work is being carried out with 11 generating machines that spreads a fog of pyrethrum and kerosene and 100 smaller sprayers. [Text] [Calcutta THE STATESMAN in English 16 May 85 p 16]

**JAUNDICE IN AHMEDNAGAR, AURANGABAD**--Bombay, May 21: Twenty people, including two pregnant women, died recently in Aurangabad and surrounding areas following the outbreak of jaundice, the minister of state for urban development, Dr. Ram Manohar Tripathi, said yesterday on his return from the area. The government found that the disease had spread because of poor quality of ice produced in some local factories and the contamination of drinking water with water from drainage pipes at certain points. A total of 193 people have been affected by the ailment. [Text] [Bombay THE TIMES OF INDIA in English 22 May 85 p 21]

**AURANGABAD GASTROENTERITIS EPIDEMIC**--Aurangabad, May 23. About 70 persons have been admitted to the Paithan civil hospital for treatment of gastro-enteritis. According to the tahsildar of Paithan, the villagers of Rahatgaon, Dadegaon, Pimpalwadi and Sadat started pouring into the hospital since yesterday afternoon. The district collector has rushed to Paithan to supervise the arrangements. One reason for this outbreak could be the use of impure water for drinking. The number of villages facing water shortage rose from 478 to 750 this month. Over 100 tankers and 200 bullock carts with drums are being deployed to transport water to these villages. Two deaths by sunstroke were also reported from the area. The day temperature has been rising to over 45 degrees C. this summer. [Text] [Bombay THE TIMES OF INDIA in English 24 May 85 p 6]

**CHOLERA IN ANDHRA PRADESH**--(TOINS from Vishakapatnam): Cholera has broken out in Chodavaram taluka and during the past one week two deaths were reported. Three more persons have been admitted to hospital, according to information reaching the regional health director. Reports from Singapuram village in Srikakulam district said that 20 persons were being treated in hospital for gastro-enteritis. Adequate measures are being taken in both places to contain the epidemic. [Text] [Bombay THE TIMES OF INDIA in English 25 May 85 p 12]

CSO: 5450/0203

INDONESIA

CHOLERA, NOT GASTROENTERITIS

Jakarta ANTARA NEWS BULLETIN in English 28 May 85 p A4

[Text]

Jakarta, May 28 (ANTARA).-- What was thought as gastroenteritis rampant in Tasikmalaya turned out to be cholera, the director general for eradications of contagious diseases and health improvement of living areas, Dr. Adhiyatma, told ANTARA Monday.

He said medical officials are now in full control of the situation thus preventing the disease to spread even wider.

Cholera and diarrhoea are dangerous contagious diseases, but if people know to keep their environment clean the two diseases would be easy to avoid.

Adhiyatma has called on the people to take care of the environment and to keep everything clean to prevent the diseases from attacking them. He also called on the people to give immediate information to health personnel whenever the diseases attack their area.

CSO: 5400/4397



INDONESIA

NINE DIE OF GASTROENTERITIS IN WEST JAVA

Jakarta ANTARA NEWS BULLETIN in English 24 May 85 p A6

[Text]

Tasikmalaya, May 24 (ANTARA).- Muntaber (Gastroenteritis) which first attacked three villages, Cipicung, Anjung and Dindingari, Salopa district, has spread to other villages in Sukaraja and Kawalu districts.

The gastroenteritis epidemic started last week and has attacked 235 people in the last four days, nine of which have died before receiving any treatment.

The remoteness of the epidemic areas made it difficult for medical personnel to give immediate assistance..

To reach the nearest Puskesmas (Public Health Centre) people had to walk for two hours carrying patients on their back.

The Cimaranten River that has always been used by the people for bathing and washing is supposed to be the source of the epidemic.

Paramedics from the regency and districts have supplied medicines and opened an emergency post at Tanjungnari village hall.

On the first day of the epidemic the number of victims reached 79, six of them, from Anjung village, died.

The number of victims continued to increase, and on Tuesday was recorded at 113, but increased again on Thursday to 235. Meanwhile the death toll rose when three more died.

CSO: 5400/4397

IRAN

BRIEFS

ANTI-DIARRHEA PLAN--Bandar Abbas, Hormuzgan Pr., May 1 (IRNA)--The United Nations Children's Fund (UNICEF) and Iran's Minister of Health, will carry out a nationwide plan of Oral Remedial Serum (ORS) to control child diarrhea, the UNICEF representative in Iran Dr. Mahallati said. During his tour of Bandar Abbas to investigate health services Dr. Mahallati said out of the 20 million infants born in the world every year, 12 million die due to a lack of sufficient health services. He said UNICEF had accepted Iran's invitation to execute the anti-diarrhea plan in Iran. The plan will cover all of Sistan-Baluchistan and Bushehr Provinces and 20% of other provinces this year, gradually covering all the country in the following year (begins March 21st, 1986). If the plan is successful, it would prevent 1,000 children from dying in Hormuzgan Province each year, Dr. Mahallati added. [Text] [Tehran KAYHAN INTERNATIONAL in English 2 May 85 p 2]

CSO: 5400/4709



KENYA

AIDS CARRIER FOUND IN VERVET MONKEY

Lusaka ZAMBIA DAILY MAIL in English 27 May 85 p 1

[Text] Nairobi--Research workers in Nairobi have found that the Vervet monkey, common in Kenya and other African countries is a carrier of the virus which causes AIDS--Acquired Immune Deficiency Syndrome.

Dr James Else, the American director of the Institute of Primate Research, told REUTERS that present research showed that 30 percent of the Vervet monkeys tested at the institute carried the virus HTLV-3.

HTLV-3 is thought to be the cause of AIDS. Else said blood samples have been sent to the London School of Hygiene and Tropical Medicine and to the Royal Cancer Institute in Britain for more detailed analysis.

"The real significance of those results is still to be determined," he said.

It was not yet known whether the monkeys, which are also known as green monkeys, contracted the AIDS virus only in specific areas or whether it was more widespread, he added.

The Institute of Primate Research, which already gets finance from the European Community for some of its work, is now asking the community to provide money for the work on AIDS.

The institute situated in the Ololua forest in Ngong, a Nairobi suburb, uses monkeys and baboons to research diseases which also affect man.

Research into fertility and the effects of contraceptive drugs is carried out with primates because of their physical similarities with man.

Dr Else, of the California Primate Research Centre in Los Angeles, said the link with AIDS had been discovered in the course of the institute's research programme.

It could be an important factor in furthering the search for a cure for AIDS, he said, but more finance was needed to support further research work.--  
ZANA/REUTER.

KENYA

DRUG-RESISTANT MALARIA CASES UP 40 PERCENT

Nairobi DAILY NATION in English 11 May 85 p 15

[Text] Forty per cent of malaria patients have developed resistance to chloroquine, a symposium was told yesterday.

An Associate professor at the University of Nairobi and consultant nephrologist, Professor S. K. Ongeri, said the incidence of resistance was alarming. He said the high incidence of resistance to malarial treatment in Kenya was causing concern to the medical and scientific community.

"The figure is highly contestable on the grounds that no proper drug levels and pharmacokinetic studies have been extensively carried out to ascertain this resistance," he said at a symposium on malaria at a Nairobi hotel.

Prof Ongeri said there was well documented cases where the use of chloroquine had had no effect at all. He said in such cases, there were malaria parasites in great concentration in the blood even days after treatment.

Prof Ongeri said malaria treatment required quick action as delays may lead to multiple organ disorders. He said there were four types of malarial parasites affecting man: *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale* and *Plasmodium vivax*.

Of the four, *Plasmodium falciparum* was the most harmful and could be very severe in people not immune to malaria. Patients suffering from this may develop liver failure, kidney and spleen failure, getting into a coma, cerebral malaria and lack of function of the adrenal gland among many other conditions.

He said there was an attempt by medical personnel and research scientists to change to new drugs which were used earlier in the history of malaria treatment.

Prof Ongeri said a change was being made in the treatment of malaria and in the use of drug also quinine.

Said Prof Ongeri: "Older generation antimalarial and antibacterial agents are once again finding their way back into clinical use as the alternative line of treatment in chloroquine resistant cases."

Prof Ongeri was however, challenged on the side effects of some of the new drugs in use by the director of the Institute of Malaria and Vector Borne Diseases, Dr F. Kamurui.

Dr Kamurui said although some of the new drugs which could be used instead of chloroquine were being found to be very effective, they could also cause complications.

The director said that although a drug called primaquine was a good anti-malaria drug, technicians and physicians were well aware of the severe haemolysis (breaking of the red blood cells). Prof Ongeri noted that the resistance to chloroquine, "a very useful and popular drug", could be attributed to the common use of the drug for various purposes.

KENYA

BRIEFS

CHOLERA FEARED IN MACHAKOS--Five people are feared to have died of cholera at Kibwezi Machakos District, following a new outbreak of the disease there. The outbreak was reported at Darajani two weeks ago and 100 contract cases have been treated. Out of these six people have been found to be suffering from the disease. The report was confirmed by the Machakos medical superintendent, Dr Frank Mwongera as the officer incharge of rural health. Dr Samson Midianga was not in his office when the NATION contacted him for comment. The death of the five people was reported before two anti-cholera teams were sent to the area. One of the teams will be stationed at Darajani shopping centre while the other will be involved in a house-to-house anti-cholera campaign. Dr Mwongera said officers returning from the area said the situation was under control. [Text] [Nairobi DAILY NATION in English 4 May 85 p 3]

CSO: 5400/150

MADAGASCAR

BRIEFS

MASS VACCINATION CAMPAIGN--French army doctors will take part in a mass vaccination campaign to inoculate 100,000 children in the west of the country. [Text]  
[Paris THE INDIAN OCEAN NEWSLETTER in English 27 Apr 85 p 8]

CSO: 5400/142

NIGERIA

BRIEFS

DISEASE CONTROL PROGRAM--FEDERAL Government has set up a committee to draft a national diseases control programme for the country. The activities of the committee are to be co-ordinated by the Epidemiological Unit of the Federal Ministry of Health, in collaboration with the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO). A publication of the Federal Ministry of Health on the committee said members of the committee consisted mainly of pharmacists, micro-biologists, pediatricians and physicians drawn from states, institutions of higher learning and the ministry. According to its term of reference, the committee is to work out a formular to improve coverage and effectiveness of management of diarrhoeal disease. It is also to reduce morbidity due to diarrhoeal disease in children under 5 years of age. The disease is the second leading cause of morbidity and mortality in children under five years of age in the country. [Text] [Kaduna NEW NIGERIAN in English 11 Apr 85 p 12]

CSO: 5400/143

PEOPLE'S REPUBLIC OF CHINA

FILARIASIS BROUGHT UNDER CONTROL IN ZHEJIANG

OW020724 Beijing XINHUA in English 0707 GMT 2 Jun 85

[Text] Beijing, 2 June (XINHUA)--Filariasis, one of the common diseases in South China, has been basically brought under control in Zhejiang Province, Chinese HEALTH NEWS reports today.

The disease, also known as elephantiasis or thick leg, has been basically wiped out in 53 of the province's 66 counties. The incidence rate dropping from 32 percent in the early post liberation days to 0.39 percent in 1984. The total number of patients cured was 2.4 million.

In 1950, most of the places in the province were seriously affected by the disease and large-scale prevention and cure work began. Campaigns were launched to wipe out mosquitoes, the disease carrier. Over the past 30 years, more than 48 million people were examined and 2.5 million were found afflicted. After treatment, over 95 percent of the patients, including a large number of late stage patients, recovered.

The provincial public health authorities said that they will bring filariasis under control in another 10 counties by the end of this year.

The method used for curing is to examine blood samples frequently and eat hetrazan with salt, the public health authorities said.

CSO: 5400/4146

3 July 1985

PEOPLE'S REPUBLIC OF CHINA

RARE COMPLICATIONS OF DENGUE FEVER

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES]  
in Chinese No 1, 15 Feb 85 pp 77-78

[Article by Chen Qiuqian [7115 4428 0051] of Workers' Hospital, State-operated Nanhai Aquatic Product Corporation, Guangdong Province; Yao Shihu [1202 1102 3275] of Hainan People's Hospital, Guangdong Province; and Qiu Fuxi [8002 4395 4406] and Shao Lan [6730 5695] of Virus Research Laboratory, Beijing Institute of Tropical Diseases: "Rare Complications of Dengue Fever"]

[Summary] On Hainan Island during October 1979, an epidemic spread with symptoms of fever, pain in muscles and bone joints, flushed face, and exanthema. On etiological diagnosis, the epidemic was caused by Dengue fever type III virus. Out of 510 cases observed, there were 236 cases (at 68.6 percent) with hair loss in their recuperation period. After persisting for more than a month, the hair loss gradually stopped. Acute hemolysis was reported in four cases and multiple neuritis in one case. Alkaline drugs were administered to four hemolysis patients with intravenous drip, achieving a cure within several days. Vitamin B<sub>1</sub> and B<sub>2</sub>, muscle glucoside, and coenzyme A were administered for the lone neuritis patient to achieve a cure in one and a half months.

10424

CSO: 5400/4136

3 July 1985

PEOPLE'S REPUBLIC OF CHINA

ONE CASE OF VARICELLA ENCEPHALITIS WITH PRIMARY SYMPTOMS OF CEREBRAL NERVE DAMAGE

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese No 1, 15 Feb 85 p 39

[Article by Li Renzai [2621 0088 1363] and Li Zhuxuan [2621 0031 1357] of Hospital, Yanbian Medical College: "A Varicella Encephalitis Case With Cerebral Nerve Symptoms"]

[Summary] The patient was a three-year-old girl, admitted to the hospital on emergency call, on 27 June 1980, due to convulsion with a history of three days' running nose and coughing and two days' drowsiness. She appeared to be in a mild coma at a temperature of 37.8°C. The Parkinsonian syndrome was positive. On occasions, her right lower limb moved in pumping-like motions and one corner of her mouth slanted rightward. On examination, an arterial spasm in the ocular fundus with pale retina was found. The patient then was administered mannitol, cell pigment C, and nasal feeding. After five days' treatment, clear thinking gradually returned without abnormal ocular fundus; in this five-day period, some herpes appeared on her face and trunk three days after hospitalization. Another three days later, oval-shaped green bean-like herpes covered her entire body. On the eighth day following hospitalization, all the herpes dried into scabs with her temperature returning to normal. The patient diagnosed as having varicella with a complication of encephalitis. This case is rare with its complication of varicella.

10424

CSO: 5400/4136



PEOPLE'S REPUBLIC OF CHINA

CASE REPORT OF EPIDEMIC HEMORRHAGIC FEVER COMPLICATED WITH PITUITARY COMA

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES]  
in Chinese No 1, 15 Feb 85 pp 75-76

[Article by Xu Dexian [1776 1795 0341] and Wu Zhihong [0702 1807 4767] of  
Donghai County People's Hospital, Jiangsu Province: "Report on a Case of  
Epidemic Hemorrhagic Fever With Complication of Pituitary Coma"]

[Summary] The patient was a 24-year-old woman. She was hospitalized on 20 October 1982 after 3 days' fever with headache and backache, as well as nosebleed, coughing, vomiting and black stools on one occasion. On hospitalization, her temperature was 40°C, her pulse was 136, respiratory rate 25 per minute, and blood pressure 104/60. She was clearly conscious but appeared in a drunken-like state and a slightly swollen face. Small patches of bleeding were observed below the armpits and in the shoulder blade area. Her condition was diagnosed as epidemic hemorrhagic fever. After hospitalization, skin bleeding was more severe. On the morning of the fourth day, blood pressure dropped to zero with blurred consciousness, delirium, blood blended in phlegm, and edema of the bulbar conjunctiva. The patient died on her sixth day of hospitalization even with multiple treatments. At autopsy, the pituitary body was purplish brown, resembling hematoma, 1.5 x 1.5 x 2.0 cm in size; upon incision, about 1 ml of dark red blood was exuded. Microscopic examination disclosed extreme ecchymosis, hemorrhaging, and slight thrombus with necrosis of the pituitary body. The cause of the necrosis may be due to patient's extraordinary state of blood circulatory condition. Even with slight circulatory disturbance, blood vessel (of the pituitary body) spasm resulted, finally leading to necrosis. The irreversible shock is possibly closely related to damage of the pituitary body so the blood pressure was not normal for this case.

10424  
CSO: 5400/4136

PEOPLE'S REPUBLIC OF CHINA

THERAPEUTIC EFFECT OF SMZ COMPOUND ON EPIDEMIC CEREBROSPINAL MENINGITIS,  
DETERMINATION OF SMZ LEVEL IN CSF

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES]  
in Chinese No 1, 15 Feb 85 pp 76-77

[Article by Ni Huijun [0242 5610 0689], Ding Zaidao [000] 6528 6670], Han  
Zhongting [7281 1813 1656] and Zhang Meili [1728 5019 7787] of Shanghai  
Municipal Communicable Diseases Hospital: "Therapeutic Effect of SMZ  
Compound on Epidemic Cerebrospinal Meningitis and Determination of SMZ  
Level in Cerebrospinal Fluid, With Analysis of 11 Cases"]

[Summary] Although epidemic cerebrospinal meningitis has long been treated  
with SMZ compound, yet there are few reports about the SMZ level permeating  
the cerebro-spinal fluid (CSF). In the pediatrics ward of authors' hospital,  
since spring 1981, the following treatments were conducted on 12 cases diag-  
nosed as epidemic cerebro-spinal meningitis: intravenous drips of large  
dosage of penicillin (300,000 units per kg of bodyweight), and SMZ compound  
injections (each containing 400 mg of SMZ and 80 mg of TMP) at 49 to 50 mg  
of SMZ per kg bodyweight per day. Forty-eight hours after medication,  
venipuncture and lumbar puncture were carried to determine (with a biological  
method) the SMZ levels in blood and CSF. In only one case of 12, high fever  
persisted for 48 hours after medication; penicillin was administered to the  
patient. The other 11 cases were cured: the temperature returned to normal in  
an average of 25 hours; Kernig's sign normalized in an average of 32.2  
hours. The white blood cell count returned to normal in 3 days, on the average.

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CSO: 5400/4136

PEOPLE'S REPUBLIC OF CHINA

PIPERAQUINE CURED SUBTERTIAN MALARIA RESISTANT TO CHLOROQUINE

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES]  
in Chinese No 1, 15 Feb 85 p 78

[Article by Wang Guojun [3769 0948 0193] of Faculty Research Section of Communicable Diseases, Chengzheng Hospital, Second Military Medical University: "A Report of Three Cases on Curing Subtertian Malaria (With Third Level Resistance to Chloroquine) Using Piperaquine"]

[Summary] Piperaquine has been synthesized by the Shanghai Institute of Pharmaceutical Industry and extensively used in malaria epidemic areas. It has been proved an ideal, long-lasting preventive drug. The author reports three cases of piperaquine cured subtertian malaria, which is resistant to chloroquine. All three were men, aged from 19 to 23. The treatment with chloroquine was not effective. Following the administration of piperaquine, temperature became normal 24 to 48 hours later. Generally, examination of serum malaria protozoa proved negative within 72 hours. Other drugs such as amodiaquin, amopyroquin and dichlorquinazine are also effective to malaria patients exhibiting high resistance to chloroquine, but piperaquine also has a long-lasting preventive function besides its safety (low toxicity) and absence of bitter taste, thus ensuring its status as a valuable anti-malaria drug.

10424  
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PEOPLE'S REPUBLIC OF CHINA

#### DENGUE VIRUS TRANSMISSION STUDIED

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 6, 25 Nov 84 pp 351-353

[Article by Chen Riguang [7115 2480 0342], et al., all of the Institute of  
Military Medicine, PLA, Guangzhou Unit: "Laboratory Study of Transmission of  
Dengue Virus by Aedes Aegypti and Aedes Albopictus"]

[Summary] Aedes aegypti and Aedes albopictus, infected with dengue virus  
type 2 by intrathoracic inoculation or by biting viremic suckling mice, were  
bred under 30°C. The virus in the body of the mosquito was determined  
quantitatively and transmission of the virus to suckling mice through  
mosquito bites was studied at various intervals.

The results demonstrated rapid propagation, high titer, prolonged existence of  
the virus in the body of the mosquito, and high frequency of successful  
transmission of the virus to suckling mice through mosquito bites. Aedes  
mosquitoes infected with dengue virus by intrathoracic inoculation, after an  
extrinsic incubation period of 5-10 days, transmitted the virus to suckling  
mice with a morbidity rate of 76.9-84.6 percent; those infected by feeding  
on the viremic suckling mice, after an extrinsic incubation period of 10-  
20 days, showed a successful transmission rate of 27.8-58.3 percent. It was  
also shown that once infected, both species of mosquitoes could carry the  
virus for about one month and were able to transmit the virus for a long  
period of time.

PEOPLE'S REPUBLIC OF CHINA

#### HEPATITIS B TRANSMISSION ROUTES STUDIED

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 6, 25 Nov 84 pp 331-333

[Article by Wang Haitao [3769 3189 3447], et al., all of the Institute of Microbiology and Epidemiology, Academy of Military Medical Sciences: "The Study of Routes of Transmission of Viral Hepatitis B"]

[Summary] The routes of transmission of hepatitis B were studied by serological methods and questionnaires in a rural production brigade in a Beijing suburb from June, 1982 to June, 1983. The results showed that only two factors were found to be associated with HBV infection: contact with hepatitis patients (EF - 0.24) who had the HBV markers and contact with HBsAg positive persons (EF - 0.30) in families; the combined etiological fraction (EF) of the two factors was 0.38. These findings suggest that although intimate contact within the households was a very important method of transmission of HBV, more than 60 percent of individuals may contract HBV through non-parenteral routes outside their families. The HBsAg status of mothers also affects the HBV infection of their children. The new infection rate of HBV was 3.7 percent (6/161) from June, 1982 to June, 1983, but none of them was found to be apparent infection.

PEOPLE'S REPUBLIC OF CHINA

#### HEPATITIS B ANTIGEN CHRONIC CARRIER CHARACTERISTICS STUDIED

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 6, 25 Nov 84 pp 334-336

[Article by Wang Haitao [3769 3189 3447], et al., all of the Institute of Microbiology and Epidemiology, Academy of Military Medical Sciences: "Some Characteristics of Chronic Carriers of Hepatitis B Surface Antigen"]

[Summary] Twenty-eight chronic carriers of hepatitis B surface antigen (HBsAg) from 398 individuals who had been followed up from June, 1982 to June, 1983, were studied. The results showed that the HBsAg chronic carrier rate was 7.0 percent in this population, and that the HBsAg chronic carrier rate in males (8.7 percent) was 1.55 times higher than that in females (5.6 percent) ( $P > 0.05$ ). Also, the rate in children (1-14 years) was higher than that in adults (11.8 percent vs 4.3 percent,  $P < 0.01$ ). Among the HBsAg chronic carriers, the positive rate of HBeAg in the males (13/16) was higher than that in the females (3/12) ( $P < 0.01$ ), and the rate in children (14/17) was higher than that in the adults (2/11) ( $P < 0.01$ ).

Of 28 HBsAg chronic carriers, 17 (61 percent) had a history of hepatitis, and 46 percent (13/28) had abnormal SGPT during the follow-up period, but none had any symptoms of hepatitis.

PEOPLE'S REPUBLIC OF CHINA

HOSPITAL CONTAMINATION, DISINFECTION REPORTED

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 6, 25 Nov 84 pp 341-342

[Article by Wu Qingquan [0702 1987 3123], Wuhai Anti-epidemic Station,  
Nei Mongol: "A Report on Contamination and Disinfection of Hospital"]

[Summary] This paper reports the results of an investigation of contamination and disinfection of medical instruments in hospitals in Wuhai City, Nei Mongol Autonomous Region. The positive HBsAg of 72 medical instruments and 114 syringes was 26.4 percent and 3.5 percent respectively; salmonella typhimurium was found from a bedside locker in the pediatric ward of one hospital and typhoid bacillus from a bedside locker and meal ticket of a temporary isolation ward of another hospital. Seven of twelve disinfectant solutions in use showed bacterial growth to various degrees. It was noted that 8 of 11 autoclaves had unmelted sulphur tubes. The cause of contamination and failure to disinfect are discussed and remedial measures are proposed.

PEOPLE'S REPUBLIC OF CHINA

**TOXOPLASMOSIS IN BEIJING WORKERS INVESTIGATED**

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 6, 25 Nov 84 pp 356-358

[Article by Gan Shaobo [3927 4801 0130], et al., all of the Beijing Tropical Medicine Research Institute, Beijing: "An Investigation of Toxoplasmosis in Beijing Among Occupational Workers Working in Contact with Domestic Animals"]

[Summary] By using intradermal test and complement fixation test, an investigation of toxoplasmosis was carried out in Beijing in 1982 among a group of 818 persons who worked in contact with domestic animals. Another group of 157 persons without such contact served as the control. The results are as follows: (1) The infection rate of the occupational group (15.3 percent) is significantly higher than that of the control group (7.9 percent). (2) There is no significant difference between the infection rates of males and females in the occupational group; however, the infection rate increases with the length of service. The infection rates in persons working in contact with pigs, cattle and sheep are all much higher than in those who worked with rabbits, chickens and ducks.



PEOPLE'S REPUBLIC OF CHINA

INFLUENZA B OUTBREAK IN JILIN REPORTED

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]  
in Chinese No 6, 25 Nov 84 pp 359-361

[Article by Li Shuqing [2621 3219 3237], et al., of the Health and Anti-epidemic Station of Jilin Province, Changchun: "Outbreak of Influenza B in Jilin Province"]

[Summary] An outbreak of influenza B occurred in Jilin Province in March, 1981. The disease spread rapidly throughout the province, attacking people of all ages.

Nineteen strains of influenza B were isolated and identified as similar to Beijing/31/79 and Hunan/4/72.

9717

CSO: 5400/4131

PEOPLE'S REPUBLIC OF CHINA

HFRS IN GUANGXI ZHUANG AUTONOMOUS REGION REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI (CHINESE JOURNAL OF EPIDEMIOLOGY)  
in Chinese No 1, 10 Feb 85 pp 18-19

[Article by Huang Zhixiong [7806 1807 7160], et al., all of Guangxi Zhuang Autonomous Region Public Health and Epidemiology Station: "Report of HFRS Cases in Three Counties of Guangxi Zhuang Autonomous Region for the First Time with Recovery of HF Viral Agent from Infected Rodents"]

[Summary] The occurrence of 10 cases of HFRS in 3 counties of Guangxi Zhuang Autonomous Region is reported for the first time. Among these cases, nine were proven by the IFAT test, clinical examinations and epidemiologic survey and the other was diagnosed by clinical and epidemiologic studies. Of 846 rodents (belonging to 8 species) captured in the endemic areas, HF viral antigens were identified in 13 of the lung tissues of *Rattus norvegicus*. Of three HF viral-antigen positive lungs, isolation of the viral agent in vero E-6 cells was successful in two specimens with recovery resulting for two strains of HFRS-virus.

3 July 1985

PEOPLE'S REPUBLIC OF CHINA

#### TERTIAN MALARIA RELAPSE PATTERN STUDIED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 1, 10 Feb 85 pp 23-25

[Article by Wang Fupeng [3769 4395 1756], Epidemiology Teaching and Research Laboratory, Nanjing Railroad Hospital: "A Preliminary Study of the Pattern of Relapse in Tertian Malaria Occurring in Jiangsu Province and Its Neighboring Areas"]

[Summary] In 1962-1963 and 1979-1982 a study was made of 102 cases of an initial attack of tertian malaria from some regions of Jiangsu Province and its neighboring areas in order to characterize the relapse pattern of the disease. The relapse pattern in all cases was very similar to that of Type II ("temperate zone" category), that is, there was a prolonged period of latency between the initial attack and the first relapse or a series of relapses at short intervals. Relating the results to the epidemiological data we might deduce that the Type II strain of Plasmodium Vivax appears to be the major strain of the parasite in Jiangsu and its neighboring areas.

JPRS-TEP-85-011  
3 July 1985

CAMPYLOBACTER JEJUNI HOSTS STUDIED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY]  
in Chinese No 1, 10 Feb 85 pp 26-28

[Article by Zhang Tongcheng [1728 0681 2052], Yan Rongfen [0917 2837 5358] and Zhong Hongliang [6988 1347 5328], all of the Epidemiology Teaching and Research Laboratory, Suzhou Medical College: "Epidemiologic Studies of Enteritis Caused by Campylobacter jejuni. IV. A Study of the Principal Reservoir Hosts"]

[Summary] An investigation of the domestic birds and cattle carrying Campylobacter jejuni in the Suzhou district has been made. Among them, hens possessed the highest rate carrying the bacteria (89.3 percent). A study of the serological types of the isolates from people and animals with the antiserum prepared with the local strains has also been carried out. The results showed that the bacteria types obtained from the infected persons were basically the same as those found in the animal hosts, with the fifth and second types being the most common ones among both people and animals. The 1st, 7th and 11th types also played an important role. Therefore, we find that domestic birds and cattle are the main reservoir of infection for human Campylobacter Enteritis.

9717

CSO: 5400/4132

SOUTH AFRICA

NOSEBLEED PATIENT HAD CONGO FEVER

Johannesburg THE CITIZEN in English 6 Jun 85 p 11

[Text]

DURBAN. — An Impendhle man, Mr Zikode Zuma (42) died of Congo fever at Edendale Hospital in Pietermaritzburg this week.

There have been Congo fever scares in the past few months but this is the first death in Natal from a confirmed case this year.

Tests done by the Institute of Virology in Pretoria were confirmed late on Tuesday.

The Deputy Medical Superintendent of Edendale, Dr Patrick Lowe, said:

"The victim was brought in on Sunday in a critical condition with a severe nosebleed.

"It was suspected he might have Congo fever, although it could have been any haemorrhagic condition, but he was treated with the necessary isolatory precautions.

"He died the same day the Intensive Care unit.

"We are following up the family and other primary contacts but have no reason to believe that

CSO: 5550/155

**SOUTH AFRICA**

**SHEMBE SECT BLAMED FOR CHOLERA OUTBREAK IN KWA ZULU**

Johannesburg CITY PRESS in English 19 May 85 p 5

[Text]

**CHOLERA** has broken out again in parts of KwaZulu — and this time the Shembe religious sect living near Nseleni is most at risk.

A KwaZulu Health Department official blamed the Shembes for the outbreak because, for religious reasons, they don't believe in taking preventive measures against the disease.

Preventive measures include purifying drinking water by dissolving a tancher's tablet into the water some hours before using it.

State Health Department officials and commissioner's office in the area: inves-

tigating the link between the new cholera outbreak and the religious group.

According to Dr Murray Short, in charge of communicable diseases for KwaZulu, the latest outbreak is "a rising concern", but the incidence is still smaller than the massive August 1981 to June 1982 epidemic when 36 000 cases were reported in KwaZulu.

In the last nine months there have been a total of 600 cases, he said.

Health inspectors are investigating the possibility of an intensified bottle-neck campaign and they are also trying to find the other causes of the sudden increases.

At Stanger Hospital, the closest to Nseleni, there have been 70 suspected and confirmed cases in the last month.

A State Health Department expert said there was still widespread ignorance about what caused cholera and how it could be prevented. Cholera was a fact of life in Natal rivers.

CSO: 5550/155

SOUTH AFRICA

NATAL CHOLERA OUTBREAK CLAIMS TWO LIVES

Johannesburg THE CITIZEN in English 21 May 85 p 4

[Text]

DURBAN. — An outbreak of cholera in the Stanger area has claimed two lives and more than 70 people have been treated for the disease at the Stanger Provincial Hospital.

The hospital's medical superintendent, Dr P M Naidoo, said yesterday that at one stage up to 10 patients a day were arriving at the hospital for treatment. This figure had now dwindled to three or four, who were immediately placed in isolation.

The areas affected appear to be Grootville, Etete, Inchaweni and Darnall.

Dr Naidoo said: "State Health authorities are

now working in the cholera hit areas.

"People are being re-educated about the disease, which can be deadly. We are relieved that figures are dropping gradually."

"But we managed to accommodate the patients somehow. Two patients died in hospital."

Dr Naidoo said there was no piped water supply in the affected areas. Nor, he alleged, were all residents being supplied with water from the tanker service run by the Development and Services Board.

"Some are forced to go back to the rivers. This is the tragedy of it all," he said.

CSO: 5400/144

SENEGAL

BRIEFS

FRANCE SENDS ANTI-CHOLERA VACCINES--Dakar, 28 May (AFP)--Christian Nucci, French minister delegate for cooperation and development, announced in Dakar on Tuesday that 600,000 doses of anti-cholera vaccines had been sent to Senegal. Mr Nucci, who was received on Tuesday morning by Senegalese President Abdou Diouf, before leaving for Cape Verde for a 24-hour visit, said that the vaccines would be delivered in Senegal on Wednesday. It will be recalled that the cholera epidemic that has hit the country has affected the northeast of the country as well as the regions of Djourbel and Fatik, to the east of Dakar. According to the Senegalese minister of health, Thierno Ba, 1,881 cases have been officially recorded over the past 7 months, including 313 deaths. [Text] [Paris AFP in French 1800 GMT 28 May 85]

CSO: 5400/149



TANZANIA

HIGH INCIDENCE OF SLEEPING SICKNESS CAUSE OF CONCERN IN DODOMA

Dar es Salaam DAILY NEWS in English 8 May 85 p 3

[Text]

TWENTY-SEVEN people died of sleeping sickness last year in Kigoma Region where the situation is reported to be alarming.

The regional Tsetse Control Officer, Ndugu Bakari Makaranga, said that 384 cases were reported, which is the highest number in the last 20 years.

He said 211 people died of sleeping sickness in the region in the last 20 years and traditionally, the disease has been attacking fishermen, hunters and honey collectors but at the moment even farmers are being victims.

He said although 5,422 acres of tsetse infected bush had been cleared in the region until last March, the tsetse flies had gone to the extent of attacking housewives going out to collect mushrooms for recipe.

The Tsetse Control Officer said in 1982 the disease killed 15 people and 28 others were killed in 1983. Last year, 27 were killed and so far seven victims had died

between January and March, this year.

Ndugu Makaranga said 277 cases of sleeping sickness were reported in 1982 but the figure dropped to 266 in 1983 and shot up again to 384 last year, the highest in the country. So far 110 cases of the killer disease have been reported between January and March, this year.

He said the average number of cases of sleeping sickness in the last 20 years was 22 with Kibondo being the most affected district in the region where 118 people were killed during the period.

Ndugu Makaranga said bush clearing was the common method for controlling the tsetse flies in the region but inadequate funds had always affected the project.

Kigoma is the country's leading region in cases of sleeping sickness and the most tsetse infested areas are Kasulu and Kibondo districts.

CSO: 5400/141

TANZANIA

BRIEFS

CHOLERA REPORTED IN UKERWE--UKERWE--SIX people died of chorela and 63 others were treated and discharged at various medical centres in Ukerewe District, Mwanza Region following the outbreak of the disease in the District last month, Shihata reported. According to the District Commissioner Ndugu Nelson Lyambogo, the epidemic is now under control with only four patients still undergoing treatment in Bulamba and Msozi villages. Ndugu Lyambogo had urged people in the area to maintain environmental cleanliness and follow hygienic regulation as a preventive measure. [Text] [Dar es Salaam DAILY NEWS in English 21 May 85 p 3]

AID DEATHS IN TANZANIA--Twelve people suspected to have contracted AIDS died recently at Tanzania's Kagera Region Government Hospital, west of Lake Victoria, according to reports reaching here today. The deceased were among 30 victims who contracted the killer disease and were admitted to the hospital. Three of the AIDS patients are still at the hospital, three others have been transferred to Dar es Salaam and the rest taken home by their relatives. The AIDS outbreak was disclosed during the annual scientific meeting of the Medical Association of Tanzania at the lakeshore town of Mwanza at the weekend. The panel of doctors from Kagera said the patients sent to Dar es Salaam would undergo further laboratory tests. They emphasised that it was too early to confirm the outbreak. [Omar Al-Moody] [Text] [Nairobi DAILY NATION in English 27 May 85 p 20]

CSO: 5400/154

UGANDA

# MYSTERIOUS ILLNESS NICKNAMED 'SLIM' DISEASE

Kaduna NEW NIGERIAN in English 15 Apr 85 p 6

[Text]

UGANDAN medical authorities have confirmed an outbreak of what they say is a previously-unknown disease in the country, the local Roman Catholic Newspaper, *Munna* reported in Kampala Saturday.

The press has dubbed the new disease - which was first reported late last year - "slim," because of the way sufferers immediately lose weight and become emaciated.

The disease has been reported in the southern Rakai district along the border with Tanzania.

In a report on "slim", which the ministry of health sent on Friday to *Munna* the doctors said that they were still not sure of how the disease was contracted, but said that it was not transmitted sexually.

Symptoms of the disease are loss of weight, diarrhoea, vomiting, fever, swelling on the body, spots similar to those caused by smallpox, and "pale" skin.

In its report, Saturday *Munna* said that a team of doctors from Kampala's Mulago government hospital was involved in a research on the new disease and that blood samples of patients had been sent abroad.

Although the ministry of health report did not mention any deaths from the illness, *Munna* reported, however, that over ten people died last year in Rakai district alone from the disease.

Most of the victims were smugglers or people involved in contraband trade across Uganda's borders, the vernacular newspaper said.

CSO: 5400/143

ZAIRE

BRIEFS

SOVIET YELLOW FEVER VACCINE--Kinshasa, 26 Mar (AZAP)--Twenty thousand doses of yellow fever vaccine, donated by the USSR Red Cross, were presented to the Department of Public Health on Tuesday by the USSR Ambassador to Zaire, Vladimir Filatov. Antiplague, cholera, and typhoid fever vaccines will also be presented soon to the Zairian Government, the Soviet diplomat announced. [Excerpts] [AB271802 Kinshasa AZAP in French 1400 GMT 27 Mar 85]

CSO: 5400/157

ZIMBABWE

# RELIGIOUS SECT PROTESTS OVER MEASLES VACCINE TO CHILDREN

Harare THE HERALD in English 31 May 85 p 10

[Text]

FIFTEEN members of the Zionist and Apostolic Church recently gathered at the offices of the headmaster of Muchemwa School in Gutu to protest the vaccination against measles of their children without their knowledge.

Before this there had been many members of the two sects taking their children for vaccination secretly.

The headmaster, Cde Phillip Ndosirei, said the parents' protest occurred after he had ordered teachers at the school to take children for vaccination at Chitukoko clinic, 5 km away. His order followed a message from the clinic that all Grade 1 pupils were to be vaccinated as part of the Ministry of Health's immunisation programme.

Cde Ndosirei said: "The sects' children told their parents about the vaccination when they returned home. The following morning two groups from each sect gathered at my office demanding to know who had given me permission to have them vaccinated."

Some members of the sects, he said, claimed that their children had fallen ill as a result of the vaccination. They then decided to have them transferred to other schools.

Meanwhile, a local village health worker, Cde Sara Goto, said that members of some sects were refusing to register their babies at the baby clinic and were giving birth at home. All efforts to educate them had failed, she said.

CSO: 5550/155

ARGENTINA

OFFICIAL ON NEW FOOT-AND-MOUTH OUTBREAKS, CONTROL

Buenos Aires CLARIN in Spanish 27 May 85 p 7

[Text] "According to the proposal of the Argentinian Planning for Animal Health (PLANARSA), prepared by the National Health Service (SENASA)/Health Promotion Service (SELSA), with the technical cooperation of the Panamerican Center for Foot-and-Mouth Disease, this disease could be eradicated from the country in the next ten years."

This was reported by Horacio Meyer, undersecretary for livestock of Argentina, who pointed out that aphthae is the number one health problem of Argentinian livestock and a disease that could be rated as of "socioeconomic interest because it impedes us from placing our meat in the non-aphthous circuit of the international market, a circumstance that not only reduces the possibilities of exportation but also implies a reduction in its prices, imposing a dependency situation."

To achieve this objective, Meyer indicated that the plan will not be implemented in stages, as had been proposed in the now abandoned PLACEFA project, but that the disease will be attacked in a total way, taking into account the characteristics presented by the foot-and-mouth disease in the different cattle regions. "With this purpose, the IDB has virtually guaranteed a credit of \$150 million in the first stage that will last 6 years." These resources will be added to the current budget of SENASA.

"The PLACEFA was abandoned precisely because, when we came into office, there was an urgent need to reinforce the barrier on the south of the Colorado river, because there were already 500 outbreaks of the foot-and-mouth disease, endangering the maintenance of the disease-free area south of the Negro river. The magnitude of this disease outbreak caused some cases in Chile, which for several years had been free of the disease until it had to spend \$3 million between February and April of 1984 to control the outbreaks."

"Then," he added, "we sent PLACEFA personnel into that area and the cattle were vaccinated with an oil adjuvant vaccine, under the strict control of the state agents. There was a revaccination in the provinces of the Negro river and Neuquen, and from March 1984 to the present, there have not been any outbreaks in these regions. This shows that the vaccine is effective when applied properly."

## Flaring up

In regard to the flaring up of the foot-and-mouth disease in the last years, which prompted the veterinary authorities of the EEC to send a note to the member countries warning them of the danger that the disease meant for the importation of meat and meat byproducts from Argentina, Meyer explained the case.

"The increase in the number of outbreaks was caused by the appearance of a mutant strain of the virus called C'84. But the rapid spread of the viral variant occurred because a great majority of the producers--90 percent of the farmers are also cattle producers--did not take care of their cattle. They tend to prefer agriculture because of its yield. Therefore, there were people that mistakenly stopped vaccinating their cattle to save money, and the misunderstanding created real "nests" of animals without protection, which were attacked by the C'84 virus thus permitting its multiplication and spread. However, those producers who were vaccinating their cattle properly did not have many problems because the protection offered by the traditional vaccine was enough."

"Nevertheless, in the last vaccination, in February, the private laboratories produced a monovalent vaccine with an antigen of the C'84 strain, which was added to the conventional vaccine. In the next vaccination, this mutant will be incorporated into the conventional vaccine."

"Due to this action," Meyer pointed out, "the number of outbreaks has registered a drastic decrease; that is why between January and March there were 900 outbreaks, while last week only 5 were detected."

## Credibility

"Even though it seems paradoxical," he remarked, "this flaring up of foot-and-mouth disease, which is a negative fact, has been transformed into a positive one because the EEC had been informed that the tendency to increase shown by the disease outbreaks would be checked in a period of two months. And that happened as a consequence of the vaccination with the C'84 strain, which increased our credibility by fulfilling our forecast. We did not hide the seriousness of the foot-and-mouth disease in the country, but we said that we were able to reverse the situation. And to explain this we will soon travel to Brussels, where formal notice of the disease was given."

The officer made it clear that "nevertheless, we do not have enough personnel to control vaccination."

With regard to some strategies to be developed in the future, Meyer explained that for the marginal areas, it is expected that the oil adjuvant vaccine will give a stronger immunity and, above all, a longer one. The purpose is to reduce applications, giving only two shots in the first year and only one in the following years.

"Private laboratories are experimenting in this field, and they have committed themselves to providing between 20 and 30 million doses of the oil vaccine in the second quarter of this year."

3 July 1985

## GERMAN DEMOCRATIC REPUBLIC

## BRIEFS

FOOT-AND-MOUTH DISEASE WARNING IMPROVED--[Danish] Agricultural Minister Niels Anker Kofoed (Liberal Party) obtained an agreement with the GDR for better warning of, among other things, foot-and-mouth diseases, following his visit to that country on Tuesday [4 June]. The GDR promised to be entirely open with regard to veterinary cooperation. In the future Denmark will be immediately notified if some disease is on the way, said Kofoed. [Excerpt] [Copenhagen BERLINGSKE TIDENDE in Danish 6 Jun 85 Section III p 7]

CSO: 5400/2540



KENYA

BRIEFS

LIVESTOCK MOVEMENT BAN ISSUED--Movement of all livestock and their products in North Imenti division has been banned following an outbreak of foot and mouth disease in the area. In a notice addressed to Meru DC and copies to all neighbouring divisions and districts and to the officer commanding police division. Meru district veterinary officer Dr. J. K. Gakumbi said no livestock or its products shall be moved from or be brought in the said area without a written authority from a veterinary officer. [Text] [Nairobi THE KENYA TIMES in English 13 May 85 p 5]

CSO: 5400/150

BANGLADESH

# PESTS ATTACK IN CHANDPUR

Dhaka THE NEW NATION in English 14 May 85 p 2

[Text]

**FARIDGANJ (Chandpur),**  
May 13 : Crops on about 25,000 acres of land have been attacked by pests in Matlab, Faridganj, and Himechar Upazilas of Chandpur district.

It is learnt that Boro paddy on about 5,000 acres of land in Gopalbazar, Hatha, Nayarhat, Kalibazar, Bishkatali, Rampur, Larua, Rupsha of Faridganj upazila and Ramganj, Kaschanpur, Roypur of Lakumipur district and Char Bhairabi of Himechar upazila have been attacked by pests known as Brown Plant Hopper.

This insect is of two kinds—long-winged and short-winged—usually suck and eat up the roots of plants while the paddy plants grow yellow and reduce to straw.

The local Agri Extension Office is learnt to have taken prompt steps to combat the pests which are migrated insects. Yet, non-availability of pure insecticide and sprayers are reportedly prevailing in the affected areas, it is alleged.

On the other hand, massive attack of Pamripoka has put the farmers of Matlab to hopelessness. Confirming the report of massive pests attack in as many as 16 unions, out of 22, of Matlab, a top official of the District Agri Extension Office has disclosed that they are trying their best to combat the pests.

The affected unions are Faratikandi, Jahirabad, Ekhaspur

Mohanpur, Kalakanta, Chenghar Char, Fatehpur, (East and West), Sadullapur, Nayergoan and other adjoining unions of Matlab.

Reliably learnt that Aman and B Aus on over 20,000 acres of the villages of 16 unions are now under pests attack. According to the farmers, the insects eat up the chlorophylls of tender leaves of paddy plants.

BANGLADESH

GOVERNMENT ANNOUNCES INTEGRATED PEST CONTROL MEASURES

Dhaka THE NEW NATION in English 12 May 85 pp 1, 8

[Text]

The Government has undertaken an "integrated control measure" to save crops from pest attack, Agriculture Minister, Major General M. A. Munim said in Dhaka yesterday, reports BSS.

About 2.30 lakh acres out of 2.50 lakh acres with rice cultivation under pest attack during the current season have so far been saved under the integrated pest control measures, he told in an interview.

Gen Munim said that the government was aware of the pest attack on crops in different parts of the country and taking adequate measures both preventive and curative to control them. He said that the Plant Protection Department in collaboration with the field and extension workers had launched an extensive ground action with the outbreak of pest attack in different parts of the country.

Besides, aerial spray is being covered in the worst hit areas, he added.

The Agriculture Minister said arrangements were being made to impart training to the farmers on the techniques of different pest control measures.

On the other hand, research works on the cause of pest attack were being done. Bangladesh Rice Research Institute has also been involved in the drive against pest attack.

Gen. Munim hoped that with the execution of pest control measures, Bangladesh would be able to get rid of pest attack in near future.

He said that the Agriculture Ministry was trying to procure more aircrafts for aerial spray to control pest attack.

The Agriculture Minister said that the ministry had already introduced block farming system in different parts of the country in order to execute the integrated pest control measures.

So far 309 upazilas have been covered with 10 acres of land in each of the blocks, he said.

In the erstwhile greater districts each block comprises one hundred acres of land he added.

Gen. Munim said by the next season all the cultivable lands in the country would be covered with the block facilities for controlling pest attack.

Explaining the integrated measures, the minister said special emphasis was being given on the preventive measures side by side the curative measures for checking pest attack on the crops.

Under the preventive measures, Gen. Munim said non-chemical methods of pest control were being encouraged and added if the farmers were being trained up with better water management and drainage system tree plantation along the demarcation line of the crop land and using light traps and spacing of plants.

Under the curative measures, Gen. Munim said non-chemical methods of pest control were being encouraged as chemical measures kill all other beneficial insects.

Gen. Munim advised the farmers to use correct dose of pesticides otherwise, he warned the affect would be just reversed. He also urged them not to use medicines from open tin.

According to Plant Protection sources, out of 64 districts 39 districts have so far been affected by pest attack.

Among them, Kishoreganj, Narayanganj, Netrakona, Brahmanbaria, Dhaka, Habiganj, Chandpur, Moulvibazar, Narsingdi, Tangail, Jessore and Sylhet were the worst hit areas.

Pest attack on over 53 thousand acres of land at Dhaka, Kishoreganj, Narsingdi, Narayanganj and Moulvibazar have so far been controlled through aerial spray.

Out of the total 2.50 lakh acres of land under pest attack, 1.34 lakh acres have been controlled with ground action while the remaining 11 thousand acres under pest attack subsided due to change of weather.

KENYA

BRIEFS

**COTTON CROP DISEASE REPORTED**--Authorities are trying to prevent a "strange" disease from destroying cotton growin in Machakos District, the Kenya News Agency (KNA) reported on Thursday. The agency quoted the area's agricultural officer Mr Julius Kilungo as saying that samples of the affected crop had been taken to the National Agricultural Laboratories for analysis. Mr Kilungo was also quoted as saying that although Machakos District had received sufficient rains, yields of coffee, the country's highest foreign exchange earner, could be low. He blamed it on the tendency by some farmers to interplant coffee with bananas. "The expected coffee yield would be half a kilo per tree instead of the usual 15 kg," he said. [Text] [Nairobi DAILY NATION in English 18 May 85 p 9]

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3 July 1985

## TANZANIA

## LARGER GRAIN BORER SPREAD TO SONEGA DISTRICT

Dar es Salaam DAILY NEWS in English 21 May 85 p 3

[Text]

INFESTATION by the Larger Grain Borer (*Dumuzi*), until recently confined to ten regions, has spread to Songea Rural District, threatening up to 40 per cent of the District's expected maize purchases this season.

Reports from Songea said the highly destructive beetle has been spotted at Peramiho 'A' Village and that should the infestation spread, 12,000 tonnes of maize out of the 31,000 tonnes expected to be purchased in the District this season could be destroyed.

Officials in the Ministry of Agriculture and Livestock Development in Dar es Salaam confirmed the reports yesterday, saying that chemicals had been dispatched to Songea. They, however, declined further information pending full assessment of the situation.

The Songea District Agricultural Development Officer, Ndugu Claver Mwinuka, said at the week-end his Office had sent an official to Morogoro to fetch the chemical — *Permethrin* — which he said would be sold to the peasants at 20/- a kilo.

Officials in the Ministry, who said they were aware of the outbreak of the beetle since two weeks ago, pointed out that the chemical would be obtained from Morogoro because there was a big stock there as a result of the on-going infestation in the region.

The officials did not reveal the stock at hand in Morogoro, nor the amount required to fight the borer in Songea. *Permethrin* was identified in 1983 as the most effective killer of *Dumuzi* after a number of pesticides tested earlier were found less effective.

Ndugu Mwinuka said at the week-end experts were at Peramiho to assess the extent of damage. Ministry officials in Dar es Salaam said yesterday they were waiting for more information from Songea to enable them take the necessary steps to contain the problem.

The beetle, until recently confirmed in Shinyanga, Mwanza, Tabora, Kigoma, Singida, Dodoma, Kilimanjaro, Tanga, Dar es Salaam, Morogoro regions and Mpanda District in Rukwa Region, is said to have been transported to Songea District from Dodoma in empty gunny bags apparently sent there by a person on a mission to buy maize.

This puts into question the Government mandatory spraying order imposed by the Ministry in May 1983; and which directed that produce imported into the country or on transit from one area of the country to the other should be sprayed.

The order requires that gunny bags and other containers used in transporting the produce from infested areas must be sprayed as a precaution against the Larger Grain Borer.

The order which was invoked by the Minister, Professor John Machunda, under the Plant Protection Ordinance, is part of Government efforts to destroy the beetle which attacks grains in the field and in storage.

The Larger Grain Borer, which is a native of Central America, was spotted first in Tabora Region during the 1980/81 season. Following initial surveys which showed alarming proportions of damage, the Government embarked on a programme to contain it.

VIETNAM

RICE PLANTHOPPERS RAVAGING NORTHERN PROVINCES

OW290103 Hanoi Domestic Service in Vietnamese 1100 GMT 15 May 85

[Text] Every year, brown planthoppers usually ravage the 5th-month spring rice in two phases: In late April and late May, with the May phase being more serious. However, their proliferation, and their possibility of causing an epidemic, is predicated on many objective conditions, including weather, rice strains, and so forth.

In the last stage of development of this year's 5th-month spring rice, rice plants in many areas were budding late and suffering from drought; therefore, the late April planthopper ravage was insignificant. However, in some localities such as Nghe Tinh, Haiphong, and Thai Binh, high-density planthopper pockets have appeared, with several thousand insects per square meter, and even 10,000 insects or more in some areas.

Since mid-May, rainfall has been substantial in many areas, with more or less 100 mm, and sunny, hot days have also been recorded. Brown planthoppers have appeared in many areas: about 15,000 ha in Nghe Tinh, and 9,000 ha in Thanh Hoa. also, Ha Nam Ninh, Thai Binh, Hai Hung, and Ha Bac have reported the appearance of young planthoppers. The average brown planthopper density now is from 30-50 per square meter to several hundred insects per square meter. However, there are also pockets with 2,000-2,500 density per square meter, and even 5,000-6,000 density, and burnouts have been experienced--105 burned-out hectares in Nghe Tinh, and isolated burned-out rice patches in other areas.

Thus, compared with other years, this year's May planthopper ravage came some 5-10 days early; the affected area is quite large, but not high-density and burned-out areas are not. [Sentence as received]

Noteworthy is the predominance of short-winged adult planthoppers and young planthoppers. This is because only when weather conditions or feed are favorable do short-winged adult planthoppers appear, and proliferate, thus making an epidemic very likely. Each planthopper ravage period lasts 20-30 days, including a 6-10 days of incubation.

It is very important to make close checks on paddies in an effort to detect planthopper pockets when the insects are still young, thereby to stamp out those pockets in time.

So far, the 5th-month spring rice in the northern provinces is developing pretty well. However, great attention must be given to detect last-phase pests, such as blight, leaf folders, stem borers, brown planthoppers, and so forth, with particular attention to eliminating brown planthoppers from now through early June.

The following measures must be satisfactorily carried out:

1. Intensify the activities of the vegetation protection work; detect in time and make accurate predictions of localities where brown planthoppers are likely to proliferate and cause an epidemic in paddies.
2. Eliminate brown planthoppers with manual methods in paddies, such as using lamps in removing adult planthoppers, dropping 4-5 liters of kerosene on wet paddies and then burshing planthoppers down to kill them--to be used in paddies before the budding period.
3. Use chemicals to eradicate brown planthoppers in paddies with high-density insects, such as a 20-percent solution of liquid (Mycin) or a 25-percent mixture of powdered (Mycin) diluted with water--1.5-2 liters of insecticide per hectare; and half-diluted liquid (Batsa)--1 liter per hectare. Chemical spraying must be stopped 5-7 days before harvest.

Planthopper pockets have been stamped out in time by the localities; however, close checks of paddies as well as securing insecticides and sprayers are still very necessary in order to better protect crops and score better success in the 5th-month spring rice crop.

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